Name

**Address** 

Address

City

Gregg C. Benson

Pfizer Inc.

Groton

12-16-01

PTO/SB/05 (2/98)

Approved for use through 09/30/2000 OMB 0651-0032
Patent and Trademark Office. U.S DEPARTMENT OF COMMERCE

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box -

Attorney Docket No.		PC22013AADO				
First Named	Inventor or Applic	cation Identifier	Alasdair M. Naylor, et al	010		
Title	Treatment of Ma	ile Sexual Dysfu	273	<u> </u>		
Express Mail Label No.		EL710829	EL710829238US		•	

Only for new nonprovisional applications under 370 FR §1 53[b])									
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	Assistant Commissioner for Patents  ADDRESS TO:  Box Patent Application  Washington, DC 20231								
1.	6. Microfiche Computer Program (Appendix)  7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Copy  b. Paper Copy (identical to computer copy)  c. Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  8 Assignment Papers (cover sheet & assignment) (cover sheet & consent)  9. 37 C F R §3 73(b) Statement Power of Attorney (when there is an assignee)  10. English Translation Document (if applicable)  11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  12. Preliminary Amendment  13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  14. *Small Entity Statement filed in prior application, Statement(s) (PTO/SB/09-12)  15. Certified Copy of Priority Document(s) (if foreign pnority is claimed) 5 UK priority applications								
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	(Copies)  *NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).								
17. If a CONTINUING APPLICATION, check appropriate box, and su	copy the requisite information below and in a preliminary amendment								
	i-in-part (CIP) of prior application No: <u>09/ 895,367</u>								
Prior application information: Examiner To be assign	ed Group/Art Unit: 1617_								
N-7	n-in-part (CIP) of prior application No: <u>09/ 905,846</u>								
Prior application information: Examiner To be assign	ed Group/Art Unit: 1645								
18. CORRESPONDENCE ADDRESS									
(Insert Customer No. or Atta-	ch bar code label here)								
Customer Number or Bar Code Label	or Correspondence address below								

1-(860)-441-4901 Country United States Of America Telephone NAME (Print/type) A Dean Olson

State

Patent Department, MS 4159, Eastern Point Road

Registration No (Attorney/Agent)

31,185

06340

1-(860)-441-5221

Zip Code

Fax

PTO/SB/17(2/98)
Approved for use through 09/30/2000
OMB 0651-0032 Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

		Complete if Known					
FEE TRANSMITTAL	Application Number				To be assigned		
	Filing Date				Herewith		
Patent fees are subject to annual revision on October 1. These are the fees effective October 1,. 2000.	First Named Inventor				Alasdair M. Naylor, et al		
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name				To be assigned		
See 37 C.F.R §§ 1.27 and 1.28.	Group/Art Unit				To be assigned		
Total Amount of Payment (\$) 1674.00	Attorney I		t No		PC22013AADO		
				FEE CAL			
METHOD OF PAYMENT (check one)	2 ADDITIO	MAL F	EEC	FEE CAL	CULATION (continued)		
1. A The commissioner is hereby authorized to charge	3. ADDITIO Large Ent			-utit.			
indicated fees and credit any over payments to:		ee .	Small Fee	Fee			
Deposit Account 16-1445 Number		(\$)	Code	(\$)	Fee Description	ı F	ee Paid
Deposit Account Name Pfizer Inc.	105	130	205	65	Surcharge – late fee or o	ath	
◯ Charge Any Additional ☐ Charge the Issue Fee Set in	127	50	227		Surcharge-late provisions cover sheet	al filing fee or	
37 Fee Required Under 37 C.F R. § 1.1.8 at the Mailing	139	130	139	130	Non-English specification	1	
C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance.	147	2,520	147	2,520	For filing a request for re-	examination	
	1						
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of Examiner action	r SIR prior to	
☐ Check ☐ Money Order ☐ Other	113 1	1,840*	113	1,840*	Requesting publication of Examiner action	f SIR after	
FEE CALCULATION	115	110	215	55	Extension for reply within	first month	
M. BASIC FILING FEE	116	390	216	195	Extension for reply within month	second	
	117	890	217	445	Extension for reply within	third month	
Large Entify Small Entity Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,390	218	695	Extension for reply within	fourth month	
101 710 201 355 Utility filing fee 710.00	128	1,890	228	945	Extension for reply within	fifth month	
106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal		
107 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support of	f an appeal	
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing		LI
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a publiproceeding	lic use	
SUBTOTAL (1) (\$) 710.00	140	110	240	55	Petition to revive - unavo	idable	
2. EXTRA CLAIM FEES	141	1,240	241	620	Petition to revive - uninte	ntional	
Extra Fee from	l .	1,240	242	620	Utility issue fee (or reissu		
Claims below Fee Paid	1772	1,240	2-72	020	ounty ibout 100 (or 10,000	.0,	L
Total Claims 38 -20**= 18 X 18 = 324.00	143	440	243	220	Design issue fee		
Independent 11 - 3**= 8 X 80 = 640 00	144	600	244	300	Plant issue fee		
Claims  Multiple Dependent  0 = 0	122	130	122	130	Petitions to the Commiss	sioner	
** or number previously paid, if greater; For Reissues, see below		50	123	50	Petitions related to provisional		
Large Entity   Small Entity	126	240	126	240	applications Submission of Informatio	n Disclosure	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581	40	581	40	Statement Recording each patent a property (times number of		
102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a submission after		
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	(37 CFR 1.129(a)) For each additional invertigation examined (37 CFR 1 129)		
109 80 209 40 **Reissue ındependent claims over	Other Fee (specify)				CAGITITION (07 01 IV 1 129(D))		
original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other Fee (specify)						
SUBTOTAL (2) (\$) 964.00	*Reduced by Basic Filing Fee Paid			ee Paid	SUBTOTAL (3) (\$) -0-		
SUBMITTED BY Complete (if Applicable)							
Type or Printed Name A. Dean Olson					Reg. Number	31,185	
Signature	Date	1	2/3	hon	Deposit Account	16-1445	
L COURSE	<u> </u>	1/2	-//4/	4001	User ID	L	

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: ALASDAIR M. NAYLOR, :

ET AL

APPLICATION NO.: TO BE ASSIGNED : Examiner: TO BE ASSIGNED

FILING DATE: FILED HEREWITH : Group Art Unit: TO BE ASSIGNED

TITLE: TREATMENT OF MALE SEXUAL

DYSFUNCTION

## STATEMENT VERIFYING IDENTITY OF SEQUENCE SUBMISSIONS

Hon. Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Pursuant to §1.821(f), Applicants respectfully submit that the information recorded in computer readable form is identical to the written sequence listing submitted herewith.

Respectfully Submitted By

A. Dean Olson

Attorney for Applicant(s)

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Pfizer Inc.

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